

City of Kent Home Business License Application

City of Kent Customer Services 220 Fourth Avenue S. Kent, WA 98032-5895 (253) 856-5210 Fax (253) 856-6200

Fee Must Accompa (Circle One)	Opening July 1 or after		
Home Occupation	\$25.00	\$12.50	
Non-Profit	No Charge	501(c)(3)Req	
Relocation in Kent	No Charge		
Prior Kent Address:			

_____ Date Rec'd _____ Amt.Paid_

Ordinance No. 3035

PLEASE TYPE OR PRESS FIRMLY Black or Dark Blue Ink Only

Black or Dark Blue Ink Only			Prior Kent Addre	Prior Kent Address:					
	censes expire December 31. ewal invoices mailed in December.	Name of Rusinos							
	WA State UBI#		ss						
١.	TA State ODIT								
2.	Date Opened in Kent//	Phone ()		_ Fax()					
	☐ Indiv. ☐ Partnership ☐ LLC ☐ Corpo	oration <i>Provide ow</i>	nership information;	include suppler	nental list if needed.				
	Owner(s) Name(s) Home Address		y State		Phone				
	, , , , ,			•)				
)				
4.	Contact Person:				,				
5.	Name of Business Center/Apartment Compl	ex. if Applicable							
6.		City/State Zip							
	Type of Business: (Check those which app								
	☐ Wholesale Trade ☐ Retail Trade ☐ Service ☐ Manufacturing ☐ Construction ☐ Govt.								
	☐ Transp./Commun./Util. ☐ Finance/Insur./RE ☐ Education ☐ Health Industry ☐ Sales/Mktg.								
	☐ Rental Housing # Units								
8.	•								
9.	Include Working Owners—Total # Full Tin								
	Explain your home business. Specify if your								
11.	Have you read and do you understand Secti	on 15.08.040 of the	Kent Zoning Code?	☐ Yes ☐ N	lo				
	Operation of your business: Days of Week:_		-		ay:				
13.	Will changes to the interior or exterior of you	e business?							
	☐ Yes ☐ No If yes, explain								
14.									
If yes, explain									
	If yes, explain	·							
16.	What is the total number of square feet of yo	our home your busin	ess will occupy?						
17.	How many visits per week will there be to yo	our home by clients,	employees or deliver	y services?	visits				
18.	/ill there be noticeable changes to your present utility usage as a result of your home occupation? Yes No								
	If yes, explain								
19.	glare as a result of								
	our home business? Yes No If yes, explain								
20.	Will your business engage in selling, giving away, distributing, dispensing, exchanging for anything of value, planting,								
	growing, processing, packaging, storing, or any other act relating to marijuana as that term is defined in RCW 69.50.101?								
	Yes orNo.								
	I hereby certify that the statements and information I also acknowledge that the statements and information inspection pursuant to State of Washington RCW 4 times with all applicable ordinances, regulations an license does not imply compliance with the Zoning,	ation furnished by me o 12.17.260. I understand Id statutes of the City of	n this application are pub that issuance of this lice Kent and the State of W	blic records and are ense is conditioned	e available for public upon compliance at all				
	Cignotius	t Nama	T:11		Doto				
	ŭ	t Name	Title		Date				
••	INCOMPLETE A	APPLICATIONS WII	L NOT BE PROCES	SED	• • • • • • • • • • • • •				

FOR OFFICE USE ONLY: Business License # __